

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

*State of Nevada*

<u>JEFF CONNORS</u>	<u>Director</u>	<u>N.L.T. FPD.</u>
Candidate's Name(print)	Office	District (if applicable)
<u>P.O. Box 1381 CRISTAL BAY NV 89402</u>		<u>831-7369</u>
Mailing Address (include city and zip code)		Telephone Number

**REPORT NUMBER 3 - DUE JANUARY 15, 2001**

Report Period **Begins:** October 26, 2000

Report Period **Ends:** January 5, 2001

**CONTRIBUTIONS SUMMARY**

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	<u>1250.<sup>00</sup></u>
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less	<u>0</u>
3. Report Number 3, total amount of contributions in excess of \$100	<u>0</u>
4. Report Number 3, total amount of contributions of \$100 or less	<u>0</u>
From Report Numbers 1, 2, and 3, actual number of contributions of \$100 or less <u>3</u>	
6. Interest and income earned, if any, during this report period	<u>0</u>
7. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 6)	<u>1250.<sup>00</sup></u>

**EXPENSES SUMMARY**

8. From Report Numbers 1 and 2, total amount of expenses in excess of \$100	<u>907.<sup>30</sup></u>
9. From Report Numbers 1 and 2, total amount of expenses of \$100 or less	<u>30.<sup>00</sup></u>
10. Report Number 3, total amount of expenses in excess of \$100	<u><del>684</del><sup>30</sup></u>
11. Report Number 3, total amount of expenses of \$100 or less	<u>0</u>
12. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 7 through 11)	<u>1621.<sup>30</sup></u>

**If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1-15-01  
Date

Jeff Connors  
Signature of Candidate

Candidate's Name (print)

Office

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND

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PAGE \_\_\_\_ OF \_\_\_\_

District (if applicable)

### Contributions of \$100 or less

[illegible]

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*Candidate's Name (print)**Office**District (if applicable)***Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	684. <sup>20</sup>
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Director

CONNORS

NLTFPD

NLTFPD

Candidate's Name (print)

Office

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
PRINT ART 8491 BROOK AVE Kings Beach CAL	D	11-1-00	684 <sup>20</sup> / <sub>100</sub>

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## CAMPAIGN EXPENSES

### REPORT PERIOD Number 3

***Candidate's Name (print)***

Office

District (if applicable)

### Expenses of \$100 or Less

[illegible][illegible]

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